

## Nevada Medicaid - Recommended Dental Periodicity Schedule

Age:	Examination/Assessment with Radiographs:	Diagnostic Radiographs required:	Counseling, included in exam or prophylaxis appointment:	Treatment, including but not limited to prophylaxis and restorative care:	Treatment Frequency
<b>0-2</b>	<ul style="list-style-type: none"> <li>Oral examination every 6 months (or more frequently as child is seen/referred by EPSDT health care provider)</li> <li>Oral hygiene, growth/development, and developing malocclusion assessments</li> <li>Presentation of treatment plan as needed</li> </ul>	<ul style="list-style-type: none"> <li>X-ray if situational trauma such as abscess or trauma</li> <li>X-rays as indicated (if child is manageable)</li> </ul>	<ul style="list-style-type: none"> <li>Parent education</li> <li>Nutritional analysis and counseling</li> <li>Feeding behavior assessment and counseling</li> <li>Oral home health care plan</li> </ul>	<ul style="list-style-type: none"> <li>Prophylaxis</li> <li>Apply topical fluoride</li> <li>Carious lesions, removal and restoration</li> <li>Pulpal Therapy when appropriate</li> <li>Extractions when appropriate</li> </ul>	<ul style="list-style-type: none"> <li>Every 6 months (or more frequently depending on the Risk Assessment and recommendations provided by EPSDT health care provider)</li> </ul>
<b>2-4</b>	<ul style="list-style-type: none"> <li>Oral examination every 6 months (or more frequently as child is seen/referred by EPSDT health care provider)</li> <li>Oral hygiene, growth/development, and developing malocclusion assessments</li> <li>Presentation of treatment plan as needed</li> </ul>	<ul style="list-style-type: none"> <li>X rays as indicated</li> </ul>	<ul style="list-style-type: none"> <li>Home oral hygiene regimen</li> <li>Dietary education involving parent and child</li> <li>Parental education on supervision for performance of effective oral hygiene</li> </ul>	<ul style="list-style-type: none"> <li>Prophylaxis</li> <li>Topical fluoride</li> <li>Carious lesions, removal and restoration</li> <li>Pulpal Therapy when appropriate</li> <li>Extractions when appropriate</li> </ul>	<ul style="list-style-type: none"> <li>Every 6 months (or more frequently depending on the Risk Assessment and recommendations provided by EPSDT health care provider)</li> </ul>
<b>5-10</b>	<ul style="list-style-type: none"> <li>Oral examination every 6 months (or more frequently as child is seen/referred by EPSDT health care provider)</li> <li>Oral hygiene, growth/development, and developing malocclusion assessments</li> <li>Presentation of treatment plan as needed</li> </ul>	<ul style="list-style-type: none"> <li>Bite-wing X rays</li> <li>Panoramic or full mouth x-rays as the first permanent dentition begins to erupt, not more than once every 3 years</li> <li>Single x-rays as indicated</li> </ul>	<ul style="list-style-type: none"> <li>Parent and patient education of prevention program</li> <li>Dietary Instruction</li> <li>Transition of responsibility from parent to child</li> </ul>	<ul style="list-style-type: none"> <li>Prophylaxis</li> <li>Topical fluoride</li> <li>Resin sealant; pit and fissure sealant in susceptible permanent dentition</li> <li>Carious lesions, removal and restoration</li> <li>Pulpal or Endodontic Therapy when appropriate</li> <li>Extractions when appropriate</li> <li>Orthodontic treatment when medically necessary and approved</li> </ul>	<ul style="list-style-type: none"> <li>Every 6-12 months (or more frequently depending on the Risk Assessment and recommendations provided by EPSDT health care provider)</li> <li>Sealants - once per permanent tooth</li> </ul>

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<b>11 –18</b>	<ul style="list-style-type: none"> <li>Oral examination every 6 months (or more frequently as child is seen/referred by EPSDT health care provider)</li> <li>Oral hygiene, growth/development, and developing malocclusion, soft tissue assessments</li> <li>Presentation of treatment plan as needed</li> </ul>	<ul style="list-style-type: none"> <li>Bite wing X rays, every 6 months if indicated</li> <li>Panoramic or full mouth x-rays, not more than once every 3 years, with the exception of a panoramic for the extraction of third molars</li> <li>Single x-rays as indicated</li> </ul>	<ul style="list-style-type: none"> <li>Reinforce oral hygiene regimen</li> <li>Dietary Instruction</li> <li><b>Counseling on hazards of tobacco use</b></li> <li><b>Counseling on tobacco cessation/referral to nicotine dependence clinic</b></li> </ul>	<ul style="list-style-type: none"> <li>Prophylaxis</li> <li>Topical Fluoride (11-17 only)</li> <li>Resin sealant; pit and fissure sealant in susceptible permanent dentition</li> <li>Carious lesions, removal and restoration</li> <li>Endodontic Therapy when appropriate</li> <li>Extractions when appropriate</li> <li>Orthodontic treatment when medically necessary and approved</li> </ul>	<ul style="list-style-type: none"> <li>Every 6-12 months (or more frequently depending on the Risk Assessment and recommendations provided by EPSDT health care provider)</li> <li>Sealants - once per permanent tooth</li> </ul>
<b>18 - 20</b>	<ul style="list-style-type: none"> <li>Oral examination every 6 months (or more frequently as child is seen/referred by EPSDT health care provider)</li> <li>Oral hygiene, growth/development, and developing malocclusion, soft tissue assessments</li> <li>Presentation of treatment plan as needed</li> </ul>	<ul style="list-style-type: none"> <li>Bite wing X rays, every 6 months if indicated</li> <li>Panoramic or full mouth x-rays, not more than once every 3 years, with the exception of a panoramic for the extraction of third molars</li> <li>Single x-rays as needed</li> </ul>	<ul style="list-style-type: none"> <li>Reinforce oral hygiene regimen</li> <li>Dietary Instruction</li> <li><b>Counseling on hazards of tobacco use</b></li> <li><b>Counseling on tobacco cessation/referral to nicotine dependence clinic</b></li> </ul>	<ul style="list-style-type: none"> <li>Prophylaxis</li> <li>Resin sealant; pit and fissure sealant in susceptible permanent dentition (see note)(Medicaid Only)</li> <li>Carious lesions, removal and restoration</li> <li>Endodontic Therapy when appropriate</li> <li>Extractions when appropriate</li> <li>Orthodontic treatment when medically necessary and appropriate</li> </ul>	<ul style="list-style-type: none"> <li>Every 6-12 months (or more frequently depending on the Risk Assessment and recommendations provided by EPSDT health care provider)</li> <li>Sealants - once per permanent tooth</li> </ul>

Note: Sealant placement based on anatomical structure of the tooth, likelihood of caries development. Sealant application when tooth has erupted sufficiently to permit isolation, permanent molars in child with history of prior carious lesions in primary dentition, permanent molars with deep anatomical grooves, premolars with defined grooves, primary second molars with deep groove and history of early childhood caries and previously sealed teeth with partial or complete loss of a prior sealant.

### REFERENCES:

- AAPD Recommendations for Pediatric Oral Health Care
- UNLV School of Dentistry Patient Oral Disease Preventative Studies/Protocol
- Counseling to Prevent Dental and Periodontal Disease, Guide to clinical preventive services, 2<sup>nd</sup> edition, Baltimore MD, Williams &Wilkins; 1996, 711-722, National Guideline Clearinghouse
- CMAJ March 1995, Prevention of Dental Caries, National Guideline Clearinghouse
- Larry Pierce, DDS
- Small Smiles Dentistry of Reno
- Bruce Dow, DDS